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Bib Data Sheet

CONFIRMATION NO. 8623

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>09/687,149 | FILING DATE<br>10/12/2000<br><br>RULE | CLASS<br>725 | GROUP ART UNIT<br>2611 | ATTORNEY<br>DOCKET NO.<br>19281-000900US |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/159,202 10/13/1999 *OK*  
 and claims benefit of 60/159,469 10/13/1999 *OK*  
 and claims benefit of 60/163,324 11/03/1999 *OK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/16/2000

|   |  |                               |                       |                            |
|---|--|-------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CO                  | SHEETS<br>DRAWING<br>26       | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br><i>[Signature]</i> | INITIALS<br><i>[Initials]</i> |                       |                            |
| Verified and<br>Acknowledged  |  |                               |                       |                            |

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## TITLE

Programming distribution system

|   |
|---|
| <input type="checkbox"/> All Fees             |
| <input type="checkbox"/> 1.16 Fees ( Filing ) |

|   |  |  |
|---|--|--|
| <b>FILING FEE</b><br><br><b>RECEIVED</b><br>782 | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---|--|--|